



JARED N. LYLES, P.C.
ATTORNEY AT LAW

QUESTIONNAIRE FOR GUARDIANSHIP and/or CONSERVATORSHIP

Petitioner's Information

Name: _____ Relationship to Ward: _____

Address: Mailing _____ Physical _____

Phone Numbers: Home: _____ Email: _____
Work: _____
Fax: _____

Social Security Number: _____ D.O.B.: _____

Ward's Information

(The Ward is the individual which the Petitioner is attempting to gain guardianship and conservatorship over)

Full Legal Name: _____ SS# _____

Date of Birth: _____ Address: _____

Phone Number: _____ Alternate Contact: _____

Please state with specificity the reasons for which you feel the Ward is no longer able to care for themselves or handle their own finances:

I affirm that I have answered the above questions truthfully and to the best of my ability.

Petitioner / Applicant